VIEWPOINT

Medical Ethics in the Developing World: Time to Strengthen the Rules

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The Greek word, *ethos* means the character or moral. Medical ethics is defined as the character of the relationship between doctors and their patients and the allocation of resources and other ethical decisions in medical practice. It includes the relationship between doctors themselves, and doctors with paramedical teams and hospital administrators. It is a group of principles that should be applied altogether in different medical situations. Medical ethics consist of the following principles: respect for autonomy, beneficence, non-maleficence and justice plus concern for their scope of application (1). Respect for autonomy is the corner stone of medical ethics process; health care workers should keep promises and medical confidentiality. They should consult and get people's consents before they can pursue any procedure or research. Beneficence and non-maleficence are the net or balance between these two principles that health care provider can offer to his/her patient with minimum harm and best result. Justice is the moral obligations of the health care workers in applying equality in treating their clients. The health care workers should try to apply the fairness or equality in distribution of limited medical resources to their patients. They should respect the people's rights in making their decisions regarding their treatment options or involvement in research and respecting the morally acceptable laws.

Medical ethics approach can be shared by many different population whatever their cultural, religious, philosophical theories and political background (1). It shares many principles with other healthcare ethics such as bioethics, biotechnology issues and nursing ethics. Medical ethics is a learning process that should be taught at medical schools. Medical ethics in the developing world should be enforced

and customized to local and regional needs and peculiarities to ensure patients' confidence, trust and respect.

Ibnosina (ac. 980 - 1037) was one of the first scholars who implemented the rules of medical ethics. These are linked to what was revealed in the Holy Qur'an, 1430 years ago, and the sayings and traditions (Hadith) of the prophet Mohamed (peace be upon him) which are the fundamentals of Islamic law (2). Since then and during the Islamic civilization; there were many other Muslims physicians' scholars who contributed to the medical ethics like, Al Razai, Ali Bin Radwan, Ibn Qayyim Al Jawziyya. They all had their relevant medical ethics teachings and contributions from both the Holly Quran and Hadith. The Islamic civilization in the field of auditing and quality control had its contribution and development of the basic rules of medical practice (3,4). It is our honour to follow all our Muslims scholars as a role model.

Poor ethical behavior as an example in one of the developing countries was discussed by EA Elkhammas (5). The current situation in the developing world is that the rules of medical ethics may not be applied to govern the relation between doctors and their patients. Doctors should be monitored carefully by each country's medical council governing body which should certify only those who are in good standing when there are no proceedings or allegations of misconduct under the relevant Medical Act.

Most of the developing world countries have inadequate medical systems and lack of medical equipment, especially in the emergency department. Doctors working in these areas have very high responsibilities and they should ensure their daily medical practice is based on sound, ethical principles and reasoning (6).

Medical ethics in both human and animal research are also lacking in the developing world. In most developing countries there are no arrangements for research ethics committees even though one can argue that there is no much of research going on in these countries. However; the ethics in research should not be left to the researcher's honesty and individual judgment including those researchers in the developed world, who are doing their research on human cloning in defiance of the current law and ethical codes that ban such practices (7). A code of medical ethics and a task force on the doctor's role has to be applied. There are many examples to apply these rules of medical ethics and task force like; respect the patient's privacy, the patient should be fully informed about his/her illness, patient's confidentiality, freedom for the patient referral and changing doctors and protecting patient's benefits. (8). This is a contemporary document resulting from collaborative work in the field; if the framework of medical ethics is to be strengthened in the developing world. Schools of medicine should take the lead and initiative for teaching the future doctors the fundamental principles of medical ethics for example in behavioral science modules. Medical professionals should learn and apply the principles of medical ethics. However, it could be harder to do so in developing countries than developed ones because of inadequate healthcare systems, shortage of medical staff, equipments and continuous supplies and poor general health care infrastructure. To conclude, medical ethics byelaw in the developing world needs to be implemented, enforced and customized to local culture, religious and regional needs and peculiarities to ensure patients' confidence, trust and respect. This is one of the main pillars to improve the health service in any individual country, especially in the developing one.

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